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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock t Number PU020453

First Named Inventor Broerman

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR GENERATING AND PLAYING DIAGNOSTIC
MESSAGES INDICATIVE OF MTA PROVISIONING STATUS**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/425,382	12 November 2002	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		OR		<input checked="" type="checkbox"/> Correspondence address below	
Name		JOSEPH S. TRIPOLI							
Address		THOMSON LICENSING INC.							
Address		Two Independence Way							
City				State		ZIP			
PRINCETON				NJ		08540			
Country			Telephone			Fax			
USA			609 734 6834			609 734 6888			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name				Family Name or Surname					
KEITH ROBERT				BROERMAN					
Inventor's Signature						Date			
<i>Keith Robert Broerman</i>						<i>22 Jan 2004</i>			
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Mailing Address									
13457 DUNES DRIVE									
City			State		ZIP		Country		
CARMEL			INDIANA		46032		US		
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name				Family Name or Surname					
GLEN WAKEMAN				RUCH					
Inventor's Signature				Date					
<i>Glen Wakeman Ruch</i>				<i>23 Jan 2004</i>					
Residence City: INDIANAPOLIS			State		Country		Citizenship		
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Mailing Address									
7525 Honnen North Avenue									
City			State		ZIP		Country		
INDIANAPOLIS			INDIANA		46256		U.S.A.		
<input type="checkbox"/> Additional Inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

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
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DECLARATION
ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
BLAINE EDWARD		RAMEY	
Inventor's Signature <i>Blaine Edward Ramey</i>		Date <i>JAN 27, 2004</i>	
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		ZIP	46220
Country		US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
DAVID BRIAN		BAEHL	
Inventor's Signature		Date	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
Country			

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Given Name (first and middle (if any))		Family Name or Surname	
BLAINE EDWARD		RAMEY	
Inventor's Signature		Date	
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Country	US	Citizenship	U.S.A.
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Mailing Address 6617 N. OAKLAND AVENUE			
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ZIP	46220	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVID BRIAN <i>Brian David</i>		BAEHL	
Inventor's Signature <i>Brian D. Baehl</i>		Date <i>1/22/2004</i>	
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Zip	46238 <i>46060</i>	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

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